

**Policy Concerning Diagnostic Loop Electrode Excision Procedure  
Or Cold Knife Conization of the Cervix  
For Management of HSIL Pap Test Results**

This policy addresses the management of Women's Health Connection (WHC) Program-eligible clients who have high grade intraepithelial lesion (HSIL) Pap tests. Prior authorization is required before proceeding with the procedures identified in this policy.

Effective June 30, 2007, a Loop Electrode Excision Procedure (LEEP), or cold-knife conization of the cervix, as a diagnostic procedure, may be reimbursed for management of women with HSIL Paps.

The approved Physicians' Current Procedural Terminology, or CPT, codes and their associated rates are:

57460	Endoscopy with loop electrode biopsy(s) of the cervix	\$326.29
57461	Endoscopy with loop electrode conization of the cervix	\$359.52
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	\$308.33
57522	Loop electrode excision procedure	\$261.02

**Criteria**

This policy follows the American Society of Colposcopy and Cytopathology (ASCCP) 2001 Consensus Conference on Management of Abnormal Cytology Results published guidelines.

Satisfactory Colposcopy

A diagnostic excisional procedure is the preferred management in non-pregnant women with HSIL Pap test reports when:

- There is no cervical lesion; or
- Cervical biopsy confirms CIN I after a satisfactory colposcopy.

Colposcopy Reevaluation

A colposcopy reevaluation with endocervical assessment is acceptable in special circumstances such as:

- When CIN 2 or 3 is **not** found in a young woman of reproductive age **or** during pregnancy when invasive cancer is not suspected after satisfactory colposcopy; or
- During pregnancy, if initial colposcopy is unsatisfactory, it may become satisfactory later in pregnancy and the colposcopy should be repeated within 6-12 weeks.

Omission of an endocervical sampling is acceptable when a diagnostic excisional procedure is planned. In a client with HSIL in whom colposcopy suggests a high grade lesion, initial evaluation using a diagnostic excisional procedure is acceptable.

### Unsatisfactory Colposcopy

A diagnostic excisional procedure is the preferred management in non-pregnant women with HSIL Pap test reports when the colposcopy is deemed unsatisfactory.

### **Prior Payment Authorization Process**

Before proceeding with a diagnostic LEEP or cold-knife conization, the clinical staff of the WHC Program must review the cytology, colposcopy, and histology results. The clinician must fax copies of all of these reports along with the recommended procedure to (702) 486-0403. The WHC clinical staff will review the request and supporting documents and respond, in writing, to the requesting provider within 48 business hours.

The WHC Program is not able to pay for any pre-operative lab work.